



Attorney Docket # 4961-5RCE

Patent

IFW  
AF  
1415

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of

Veerappa S. SUBRAMANIAN et al.

Serial No.: 09/933,559

Filed: August 20, 2001

For: Sustained Release Tablets Containing  
Bupropion Hydrochloride

Examiner: M. P. Young  
Group Art: 1615

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on  
December 15, 2004  
(Date of Deposit)

Ophelia Del Valle  
Name of applicant, assignee or Registered Representative

Signature

December 15, 2004  
Date of Signature

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER  
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES**

S I R:

Applicants hereby appeals to the Board of Patent Appeals and Interferences from the decision dated June 15, 2004 of the Primary Examiner twice or finally rejecting claims 1-17.

The items checked below are appropriate:

1. ☒ The time for response to the Office Action of June 15, 2004 expires on December 15, 2004.
2. ☐ A \_-month extension of time for response to the Office Action dated \_ was filed on \_. [No additional extensions of time are required.]
- 3a. ☒ Applicants hereby requests a three-month extension of the original shortened statutory response period set in the Office Action of June 15, 2004. Payment in the amount of \$510.00 of the government fee for an extension of time is enclosed herewith.

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510.00 DP

01 FC:2401  
02 FC:2253

- 3b. ☐ This is not the first request for an extension of time relative to the outstanding paper. The period for response has already been extended by -month(s) by petition dated . Please extend the time for response by an additional -month(s). With this extension, the deadline for filing the required paper will be . Payment for the additional extension fee of \$ is enclosed.
4. ☒ Check for payment of the appeal fee of \$250.00 and any other fee applicable  
☒ is enclosed herewith.  
☐ No additional fee is required (fee paid in prior appeal).  
☐ Charge the fee to Deposit Account No. 03-2412 (one additional copy of this Notice is enclosed herewith).
5. ☒ Charge any additional fees required, for example, for lodging this appeal or for filing the Appeal Brief, not otherwise paid by check, to Deposit Account No. 03-2412. A duplicate copy of this sheet is enclosed.

Respectfully submitted,  
COHEN, PONTANI, LIEBERMAN & PAVANE

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Dated: December 15, 2004